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STATEMENT OF

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FORM 1		ORGAN		Office Use Only				
NAME OF COMMITTEE (in	full)	(Check if nam is changed)		mple:If typing, typ	pe 12F	E4M5		
SYMANTE	C CO	RP POLITIC	CAL AC	TION CO	OMMIT"	TEE		
ADDRESS (number an	d street)	350 ELLIS STREET						
(Check if ad is changed)	dress	MOUNTAIN VIEW		CA	9404	3		
			CITY	STAT	E	ZIP CODE		
COMMITTEE'S E-MAI	address	SS (Please provide only micropac@micropac.		dress)				
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)						
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2. DATE 10	M / D 17							
3. FEC IDENTIFIC	ATION NU	мвек С	C0039403	31				
4. IS THIS STATEM	IENT	NEW (N)	R X	AMENDED	(A)			
I certify that I have example or Print Name of		CHERI MCGUIRE	e best of my	knowledge and b	elief it is true	correct and o	complete.	
Signature of Treasure	CHERI I	MCGUIRE		[Electronically Fi	iled] Date	10	17 / 2011	
NOTE: Submission of f		ous, or incomplete inform			-		enalties of 2 U.S.C. §437g.	
Office Use Only				For further informated Federal Election Control Free 800-424-9 Local 202-694-1100	ommission 9530		FEC FORM 1 (Revised 02/2009)	